

STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor:

ST. VINCENT DEPAUL MISSION OF WATERBURY, INC.

Contractor Address:

34 WILLOW STREET, WATERBURY, CT 06702

Contract Number:

151VDP-SBG-14 / 14DSS5011YJ

Amendment Number:

A1

Amount as Amended:

\$98,379

Contract Term as Amended: 10/01/14 - 03/31/16

The contract between St. Vincent DePaul Mission of Waterbury, Inc. and the Department of Social Services, which was last executed by the parties and signed by the Commissioner on 09/22/14, is hereby amended as follows:

- 1. The total maximum amount payable under this contract is increased by \$32,793 from \$65,586 to \$98,379.
- The budget on page 12 of the original contract is deleted and replaced in its entirety by the budget on page 2 of this amendment.
- 3. The term of the contract is extended for an additional six months and the end date of the contract is changed from 9/30/15 to 3/31/16.

All terms and conditions of the original contract, and any subsequent amendments thereto, which were not modified by this Amendment remain in full force and effect.

PROGRAM NAME: CONTRACT NUMBER

St. Vincent DePaul SAGA Program 14DSS5001YJ/151VDP-SBG-14 A1

	0 1 1 1	-	Requested	Adjustments	Approved
	Contract Amount		\$65,586.00		
	For Amendments		05 500 00	00 700 00	
	Previously Approved Cont	ract Amount	65,586.00	32,793.00	00.070.00
	Amount of Amendment				98,379.00
Line #	Item	Subcategory	Line Item Total	Adjustments	Revised Total
		(a)	(b)	(c)	(d)
1	UNIT RATE				
	1a. Bed Days				
	1b. Client Advocate		100		
	1c. Security Deposit				
	1d. Other Unit Rate Costs		_		
	TOTAL UNIT RATE				
2	CONTRACTUAL SERVICES				
	2a. Accounting		Ti.		
	2b. Legal				
	2c. Independent Audit				
	2d. Other Contractual Services				
	TOTAL CONTRACTUAL SERVIC	ES			
_					
3	ADMINISTRATION 3a. Admin. Salaries	5,582.00	= =	2,791.00	8,373.00
	3b. Admin. Fringe Benefits	321.00		160.50	481.50
	3c. Admin. Overhead	321.00		100.30	401.50
	TOTAL ADMINISTRATION	7	5,903.00	2,951.50	8,854.50
	TOTAL ADMINISTRATION		0,000.00	2,001.00	0,004.00
4	DIRECT PROGRAM STAFF		"		
	4a. Program Salaries	40,384.00		20,192.00	60,576.00
	4b. Program Fringe Benefits	7,307.00		3,653.50	10,960.50
	TOTAL DIRECT PROGRAM		47,691.00	23,845.50	71,536.50
E	OTHER COSTS				
	OTHER COSTS 5a. Program Rent	4,582.00		2,291.00	6,873.00
	5b. Consumable Supplies	1,002.00	ŀ	2,201.00	0.00
	5c. Travel & Transportation	51.00	8	25.50	76.50
	5d. Utilities	2,318.00		1,159.00	3,477.00
	5e. Repairs & Maintenance				0.00
	5f. Insurance	800.00	•	400.00	1,200.00
	5g. Food & Related Costs				0.00
	5h. Other Client Support	4,241.00		2,120.50	6,361.50
	TOTAL OTHER COSTS	7	11,992.00	5,996.00	17,988.00
6	<u>EQUIPMENT</u>				
-			-		C-1-D-1001X-C-10310
	PROGRAM INCOME		-		
	7a. Fees		-		
	7b. Other Income		-		in the second second
	TOTAL PROGRAM INCOME				
8	TOTAL NET PROGRAM COST		65,586.00	32,793.00	98,379.00
6.	(Sum of 1 through 6, minus Line 7)		55,555.66	,,	25,2.0.0

SIGNATURES AND APPROVALS 151VDP-SBG-14/14DSS5011YJ A1

The Contractor IS NOT a Business Associate under the Health Insurance Portability and Accountability Act of 1996 as amended.

Documentation necessary to demonstrate the authorization to sign must be attached.

CONTRACTOR.	ST	MNICENT DEPAID	L MISSION OF WATERBURY, 1	NIC

6and Level	9-21-15	
Paul ladarola, Executive Director	 Date	

DEPARTMENT OF SOCIAL SERVICES

Roderick L. Bremby, Commissioner

9/22/2015

OFFICE OF THE ATTORNEY GENERAL

This Contract Amendment template having been reviewed and approved by the OAG, it is exempt from review pursuant a Memorandum of Agreement between the Agency and the OAG dated March 19, 2009.